

“

Comprehensive & Supports Waivers in the Electronic Medicaid Waiver System (EMWS) ”

Overview of changes made to EMWS for the new waiver types

Waivers

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- ▶ The Adult DD Waiver ends September 28th, 2014.
- ▶ The Child DD Waiver ends June 30th, 2015.
- ▶ All Participants on the Child and Adult Waivers will need to transition to the Comprehensive or Supports Waivers.
- ▶ Participants will keep the original plan enrollment date.
- ▶ The new Comprehensive and Supports Waivers will be available April 2014.

Four New Waiver Types

- ▶ 1) CA = Comprehensive Adult (21+)
- ▶ 2) CC = Comprehensive Child
- ▶ 3) SA = Supports Adult (21+)
- ▶ 4) SC = Supports Child

Case	Waiver	Participant	Contacts	Associated Users	Processes	Notes
	Waiver: BHD - CA	Participant: Test4/1, Sally	Case Manager: Aguirre, Lisa			

Sections of the Plan of Care Effected by the Changes

- ▶ 1) Right and Restrictions (NEW SECTION)
- ▶ 2) Circle of Supports
- ▶ 3) Needs, Risks, & Restrictions (Will now be Needs & Risks along with other changes)
- ▶ 4) Medical
- ▶ 5) Service Authorization
- ▶ 6) Contacts

Rights and Restrictions (part 1)

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Rights and Restrictions

Rights & Restrictions

The 'Right, Responsibilities, and Restrictions' document was made available and explained to me or my guardian/parent on: 4/7/2014

Are there physical or mechanical restraints in my plan? ☐

Are there restrictions of my rights? ☒

I am a minor child? ☐

I have a guardian? ☒

Month/Year to review restrictions: 10 / 2014 (Must be reviewed every 6 months.)

Save

Rights and Restrictions (part 2)

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Specific Rights

Right Restricted	Rights	Reason			How Imposed?	Restoration Plan
		Health & Safety	Behavior	Guardian		
<input type="checkbox"/>	Keep and spend money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rep. Payee: <input type="checkbox"/> Other: <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Keep and use personal possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Access to food and drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Send and receive unopened mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Make and receive phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Privacy in matters of activities of daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <input type="text"/>	<input type="text"/>

Rights and Restrictions (part 3)

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☐ Receive visitors, communicate and associate with persons of one's choice

☐☐☐

Other:

☐ Be free of chemical, mechanical, or physical restraints

☐☐☐

Other:

☐ Choose with whom and where to live

☐☐☐

Other:

☐ Freedom to move in and outside of my residence

☐☐☐

Other:

☐ Choose the providers of waiver services

☐☐☐

Other:

☐ Choose own medical services

☐☐☐

Other:

Circle of Supports

Circle of Supports

Home Setting

Own home/apartment - with roommate(s) ▼

Number of Roommates: 3

New "Home Setting" options have been added. The Case Manager will need to include the number of roommates for several of the options.

Circle of Support

To add contacts, click Associate Contacts.

Advocate				
Lisa Aguirre	637-8869			✗
Doctor				
dent	(888) 888-8888			✗

Add

Associate

Other Services


















- ☒ DVR
- ☐ Food Stamps
- ☐ Housing Assistance
- ☐ Indian Health Services
- ☐ Medicare
- ☐ Mental Health Services
- ☒ OT
- ☒ Other
- ☐ Other Medicaid Plans
- ☒ Payee
- ☐ Private Health Insurance
- ☐ PT
- ☐ School
- ☐ Speech
- ☐ SSDI
- ☐ SSI
- ☒ Transportation Vouchers
- Food Bank

Needs & Risks (part 1)

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Assessments

Note: Hover over the each field to view detailed information. Comment on all areas.

Incomplete Assessments	Support Area	Support Type	Description	Protocols	Comment	Document
	Communication					
	Community					
	Employment/Employment Training					
	Family & Friends					
	Financial & Property					
	Healthy Lifestyle					
	Housing					
	Meal Time					
	Medications & Medical Regimen					
	Mobility					
	Other					
	Physical Conditions					
	Self Advocacy					
	Self Care - Personal Hygiene, Bathing					
	Supervision Needs					
	Transportation					
	Vulnerability					

This section replaces the Habilitation Supports page.

Upload Assessment

Please upload the Assessment form.

Choose File No file chosen

Needs & Risks (part 2)

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Supervision Needs

Assessment

How will the support be provided?

- ☐ High risk area ☐ Natural (unpaid) supports ☐ Non-waiver services ☐ Restricted due to behavior
- ☐ Unmet need ☐ Waiver services

Assistance during times of more intensive needs

Staffing patterns for habilitation services

Supervision while sleeping

How to assist the person in this area:

Protocol(s)

☐ This assessment has protocols

Document(s)

Upload File

Choose File

No file chosen

Upload

Save

Cancel

Needs & Risks (part 3)

Medications & Medical Regimen

Assessment

How will the support be provided?

- ☐ High risk area ☐ Natural (unpaid) supports ☐ Non-waiver services ☐ Restricted due to behavior
☐ Unmet need ☐ Waiver services

Assistance needed at medical appointments

Assistance needed with medications

Medical conditions that require special instructions/protocols

How to assist the person in this area:

Protocol(s)

☐ This assessment has protocols

Document(s)




Upload File No file chosen

Medical

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Medical Professional

Note: An Annual Physical, Vision Screening, and Dental Cleaning are required.

Service Provided	Name	Phone Number	Address	Specialty	Primary	Last Visit	Recommendations	
 Annual Physical	Dr. Test Case	(307) 777-0000	104 testing for system Cheyenne, WY 82009	Primary Care	No	4/1/2014	continue with current medications and return in 1 yr.	✗
 Vision Screening	Dr. Vision	(307) 514-0000	125 Vision Services Drive Cheyenne, WY 82007	Optometrist	No	3/10/2014	Wear glasses daily for reading	✗
 Dental Cleaning	Dr. Teeth	(307) 777-0001	456 Dental Drive Cheyenne, WY 82001	Dentist	No	2/10/2014	floss daily	✗

Add

Known Allergies/Reactions

“Serious” has been removed from the reactions. All known allergies and reactions should be noted.

☐ No Known Allergies

☐ Aspirin

☐ Bee Sting

☐ Cosmetics

☐ Drug

☐ Eczema

☐ Eye

☐ Food

☐ Hay Fever

☐ Hives

☐ Latex

☐ Mold Allergy

☒ Other

Cats- Breaks out in a rash

☐ Penicillin

☐ Pet

☐ Poison Ivy and Plants

☐ Sulfite

☐ Sun

Service Authorization Page

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Services

Notes:

- 1) Hover over the Service Code to view the full service name.
- 2) Hover over the icon in the goal column to view the entire Goal.
- 3) Claims information up to date as of 9/27/2013.

Service Report With PA Information:



Service Report Without PA Information:



	Service	Provider	Unit Cost	Units	Cost	Start Date	Goal		PA No	PA Line	Units Used	Last Updated Date
	S5100	LINCOLN SELF RELIANCE, INC. (LSR)	\$2.70	59	\$159.30	6/1/2014						
	T2015	ABILITIES IN MIND	\$2.70	80	\$216.00	6/1/2014						
	T1005	EASTER SEALS WYOMING	\$3.49	1664	\$5,807.36	6/1/2014						

Add

Case Management Services
are now listed in a separate
box.

Case Management Services

	Service	Provider	Unit Cost	Units	Cost	Start Date	Goal		PA No	PA Line	Units Used	Last Updated Date
	T2022	Aguirre, Lisa	\$268.86	12	\$3,226.32	6/1/2014						

Add

Service Authorization (part 2)

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T1005 - Respite

Service	T1005 - Respite
Provider	EASTER SEALS WYOMING
Unit Cost	\$3.49
Units Allocated	1664
Unit Cap	1664
Total Cost	\$5,807.36
Goal for this Service	Provide relief of the primary care giver. Can not be provided while the primary care giver is working.
Start Date	6/1/2014
End Date	5/31/2015

Save

Cancel

Service Authorization (part 3)

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T2013 - Individual Habilitation Training

- Participant does not meet the age requirements for the selected service.

Service	T2013 - Individual Habilitation Training ▼
Provider	AAI SERVICES ▼
Unit Cost	\$29.66
Units Allocated	49
Unit Cap	
Total Cost	
Goal for this Service	provide goal for service.
Start Date	6/1/2014
End Date	5/31/2015


Save

Cancel











Contacts

Contacts



Advocate

	Lisa Aguirre	637-8869			
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Doctor

	doc	(999) 999-9999		Med Prof	
	doc	(777) 777-7777		Med Prof	
	dent	(888) 888-8888		Med Prof	
	Dr. Teeth	(307) 777-0001		Med Prof	
	Dr. Vision	(307) 514-0000		Med Prof	
	Dr. Test Case	(307) 777-0000		Med Prof	

Guardian

	mom	(307) 777-7777	Emerg Contact		
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Contact Type:

Add

Backup Case Manager

Backup Case Manager:

lee.allen

Back up case manager information will print with the plan of care.

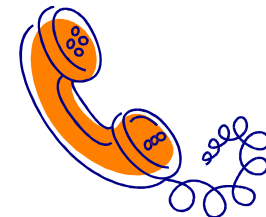
Save

Questions

If you have questions regarding the training topic that was covered, please join us for the conference call to discuss this training topic on:

April 24, 8:30 – 10:00 a.m.

Call in number is 1-877-278-8686 Code 252484



Printable PowerPoint

<http://health.wyo.gov/ddd/index.html>

The PowerPoint for this training can be found on our website under “Recorded Trainings and Supplemental Materials.”